

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/643349 FILING DATE
APPLICANT(S)

10/11/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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IND.	DEP.	IND.	DEP.
51	1		
52	1		
53	1		
54	1		
55	1		
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99			
100			
TOTAL IND.	2		
TOTAL DEP.	5		
TOTAL CLAIMS	7		